

PROOF OF CLAIM

United States Bankruptcy Court

District of Idaho

US BANKRUPTCY COURT
DISTRICT OF IDAHO
550 W FORT MSC-042
BOISE ID 83724

PROOF OF CLAIM

Chapter

(please check appropriate box):

7 ☐ 11 ☐ 12 ☐ 13 ☒

Proof of Claim Form and
Supporting Documents are to be
filed in DUPLICATE on Chapter
12 and 13 cases.

THIS SPACE FOR COURT
USE ONLYIn Re: (NAME OF DEBTOR) Peggy L. SheldonCASE NUMBER: 99-01789NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity
to whom the debtor owes money or property):

Associates Credit Service, Inc.
421 Coeur d'Alene Ave., Suite 4
Coeur d'Alene, ID 83814
(208) 667-1596

NOTE: This form should not be used to
make a claim for an administrative expense
arising after the commencement of the case.
A "request" for payment of an
administrative expense may be filed
pursuant to 11 USC §503.

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES
DEBTORC2-186756 / 2-186758

Check here if this claim: ☐ REPLACES
☐ AMENDS a previously filed claim dated:

1. BASIS FOR CLAIM: ☐ Goods Sold ☒ Services Performed ☐ Money Loaned ☐ Personal Injury/Wrongful Death ☐ Taxes ☐ Assignment
☐ Retiree Benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries and compensation: Social Security #: _____

Unpaid compensation for services performed from _____ to _____
DATE DATE

2. DATE DEBT OCCURRED:

8-31-97

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following:

a. Secured b. Unsecured Nonpriority c. Unsecured Priority

It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM
AT THE TIME THE CASE WAS FILED.

SECURED CLAIM: \$ _____

Attach evidence of perfection of security interest

Brief description of Collateral: ☐ Real Estate ☐ Motor Vehicle☐ Other (Describe Briefly)

Amount of Arrearage and other charges at time case was filed included in secured claim above, if
any: \$ _____

UNSECURED CLAIM: \$ 188.85

A claim is unsecured if there is not collateral or lien on property of the debtor securing the claim
or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM: \$ _____
SPECIFY THE PRIORITY OF THE CLAIM:☐ Wages, salaries, or commissions (up to \$4000, earned not more than 90 days before the filing of the
bankruptcy petition or cessation of the debtor's business, whichever is earlier) 11 USC § 507(a)(3).☐ Contributions to an employee benefit plan - 11 USC § 507(a)(4).☐ Up to \$1800 of deposits toward purchase, lease, or rental of property or services for personal,
family, or household use - 11 USC § 507(a)(6).☐ Taxes or penalties of governmental units - 11 USC § 507(a)(7).☐ Other - Specify applicable paragraph of 11 USC § 507(a) _____

5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED:

UNSECURED: \$ 188.85 SECURED: \$ _____ PRIORITY: \$ _____ TOTAL \$ 188.85☐ Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
In filing this claim, claimant has deducted all amounts that claimant owes to the debtor.

THIS SPACE FOR COURT USE ONLY

7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices,
assignments, deficiency documents, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents
are not available, explain. If the documents are voluminous, attach a summary.

DATE:

7-27-99

Sign and print the name and title, if any, of the creditor or other person authorized to file this
claim (attach copy of power of attorney, if any). Kelli A. Orrin

Kelli A. Orrin - legal document TELEPHONE No. 208-667-1596

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ASCROSSRY									
02/17/98 - 02/23/98									
PT #	PATIENT	PATIENT EMPLOYMENT	TYPE	BILLED	LAST PAY	TTL CHGS	BALANCE	GUARANTOR	GUARANTOR EMPLOYMENT
			ADM/SER DISCH	BD XFER					
	</								



ASSOCIATED
CREDIT
SERVICE
INC.

120 N WALL SUITE 350
SPOKANE, WA 99201-0614
TELEPHONE (509) 252-4600 FAX-1-509-252-4984

LICENSED
BONDED

July 19, 1999

U.S COURTHOUSE & FEDERAL BUILDING
205 N 4th Room 214
COEUR d'ALENE ID 83814

RE: BANKRUPTCY CASE # 99-01789

The following creditor information is found under our, ACS INC. of IDAHO,
account # C2.186756/2.186758.

CREDITOR: HOLY FAMILY HOSPITAL
LISTED: 02/26/98
PRINCIPAL: \$188.85
TRANSDATE: 08/31/97

INTEREST AS OF 07/28/95: \$43.25

TOTAL BALANCE \$232.10

If you have any questions or concerns regarding the above information we
are including with our proof of claim, you may contact me at 509-484-4600.

Thank you for your time and cooperation.

Sincerely,

DAVID M. SOLBERG
SECRETARY/TREASURER